

CAPESE COVE GOOD SAMARITAN CENTER
23926 4TH AVENUE SOUTH

SIREN 54872 Phone: (715) 349-2292

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 90

Total Licensed Bed Capacity (12/31/03): 90

Number of Residents on 12/31/03: 85

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 86

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

86

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.0
Supp. Home Care-Personal Care	No					1 - 4 Years		35.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.1	More Than 4 Years		32.9
Day Services	No	Mental Illness (Org./Psy)	32.9	65 - 74	8.2			----
Respite Care	No	Mental Illness (Other)	8.2	75 - 84	32.9			88.2
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	43.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.4		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	20.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	10.6	65 & Over	92.9	-----		
Transportation	Yes	Cerebrovascular	8.2	-----	-----	RNs		8.9
Referral Service	No	Diabetes	9.4	Gender	%	LPNs		5.0
Other Services	No	Respiratory	3.5	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.5	Male	30.6	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	69.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	4	6.3	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.7	
Skilled Care	4	100.0	281	57	89.1	111	0	0.0	0	16	100.0	143	0	0.0	0	0	0.0	0	77	90.6	
Intermediate	---	---	---	3	4.7	93	1	100.0	155	0	0.0	0	0	0.0	0	0	0.0	0	4	4.7	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		64	100.0		1	100.0		16	100.0		0	0.0		0	0.0		85	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	8.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.9	Bathing	5.9	76.5	17.6	85
Other Nursing Homes	2.0	Dressing	23.5	55.3	21.2	85
Acute Care Hospitals	80.2	Transferring	44.7	36.5	18.8	85
Psych. Hosp.-MR/DD Facilities	1.0	Toilet Use	29.4	48.2	22.4	85
Rehabilitation Hospitals	0.0	Eating	72.9	23.5	3.5	85
Other Locations	2.0	*****				
Total Number of Admissions	101	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.4	Receiving Respiratory Care		9.4
Private Home/No Home Health	19.6	Occ/Freq. Incontinent of Bladder	51.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	34.6	Occ/Freq. Incontinent of Bowel	20.0	Receiving Suctioning		0.0
Other Nursing Homes	6.5			Receiving Ostomy Care		2.4
Acute Care Hospitals	7.5	Mobility		Receiving Tube Feeding		1.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	8.2	Receiving Mechanically Altered Diets		9.4
Rehabilitation Hospitals	0.0					
Other Locations	2.8	Skin Care		Other Resident Characteristics		
Deaths	29.0	With Pressure Sores	1.2	Have Advance Directives		57.6
Total Number of Discharges		With Rashes	3.5	Medications		
(Including Deaths)	107			Receiving Psychoactive Drugs		58.8

 Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.7	86.2	1.09	83.7	1.12	84.0	1.12	87.4	1.07
Current Residents from In-County	63.5	78.8	0.81	72.8	0.87	76.2	0.83	76.7	0.83
Admissions from In-County, Still Residing	17.8	24.5	0.73	22.7	0.79	22.2	0.80	19.6	0.91
Admissions/Average Daily Census	117.4	110.9	1.06	113.6	1.03	122.3	0.96	141.3	0.83
Discharges/Average Daily Census	124.4	116.1	1.07	115.9	1.07	124.3	1.00	142.5	0.87
Discharges To Private Residence/Average Daily Census	67.4	44.0	1.53	48.0	1.41	53.4	1.26	61.6	1.09
Residents Receiving Skilled Care	95.3	94.4	1.01	94.7	1.01	94.8	1.01	88.1	1.08
Residents Aged 65 and Older	92.9	96.1	0.97	93.1	1.00	93.5	0.99	87.8	1.06
Title 19 (Medicaid) Funded Residents	75.3	68.3	1.10	67.2	1.12	69.5	1.08	65.9	1.14
Private Pay Funded Residents	18.8	22.4	0.84	21.5	0.88	19.4	0.97	21.0	0.90
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	41.2	36.9	1.12	39.1	1.05	36.5	1.13	33.6	1.23
General Medical Service Residents	3.5	17.2	0.20	17.2	0.21	18.8	0.19	20.6	0.17
Impaired ADL (Mean)	41.2	48.1	0.86	46.1	0.89	46.9	0.88	49.4	0.83
Psychological Problems	58.8	57.5	1.02	58.7	1.00	58.4	1.01	57.4	1.03
Nursing Care Required (Mean)	3.4	6.8	0.50	6.7	0.50	7.2	0.47	7.3	0.46